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| --- | --- |
| Name: |  |
| 1. *Designation (working/professional title):* | |
|  | |
| 1. *Formal education:* | |
|  | |
| 1. *Training/education/specialization for working with children with CIs:* | |
|  | |
| 1. *Where do you work? (Please check all that apply.)* | |
| * Clinic/hospital * Preschool/Kindergarten * School * Mainstream * Special school * School with integration program * Private practice * Centre for special needs/education * Other…………………………………………… | |
| 1. *Age of patients you work with: (Please check all that apply.)* | |
| * Under 3 years old * 3-5 years old * School children (6-12) * Teenagers (13-18) * Adults (19 and older) * All of the above | |
| 1. *Experience working with patients with CIs:* | |
| 1. What phase of the implantation process are you involved in? (Please check all that apply.)  * 2-5 years post implant * Other………………………… | |
| * Pre-implant * 1st year post implant * 2 years post implant | |
| 1. How many years have you worked with children with CIs? | |
| * Less than 1 year * 2-5 years * More than 5 years | |
| 1. How many patients with hearing loss (on average) do you treat? | |
| * Total #: ……………………………………… per week……………………per year * With cochlear implants: ……………… per week……………………per year * With hearing aids: …………… ……….. per week……………………per year * Other: ……………………………………….. per week……………………per year | |
| 1. *Do parents participate actively in the therapy sessions?* | |
| * Yes * No | |
|  | |
| 1. *Regarding therapy with children with CIs, what do you consider your greatest challenges and/or weaknesses? What topics would you like to have addressed in a workshop? In what areas do you wish for more expertise and training?* | |
|  | |
| 1. *Comments/additional information:* | |
|  | |
| *Thank you!*  And I look forward to seeing you in October! | |
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